

Norridge Police Department
Accident Review Board

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

Review Date: June 30, 2017

M/V Crash Incident Number: 2017-07207

Officer: Officer Anthony Beckman #16

Squad: #526

1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2a.



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Anthony Beckman Star #: 16 Date: July 7, 2017

TYPE OF VIOLATION				
Attendance	Carelessness	Insubordination		Late Arrival/Early Quit
Failure to Follow Instructions	Rudeness Towards Citizens	Willful Damage to Equipment		Personal Business While on Duty
Unsatisfactory Work Performance	Violations of Policy/Procedure	X Motor Vehicle Crash		Missing a Court Date

Date of Violation: June 28, 2017 Time of Violation: 0541

DESCRIPTION OF VIOLATION:

Officer Beckman while switching a vehicle at the Montrose Ottawa Garage did strike the brick wall while pulling the vehicle out. The vehicle (Unit 526) was damaged along the right rear door. The Accident Review committee subsequently found the crash to be classified as 2a. in the Safety Review Board Policy A-22. The employee failed to exercise reasonable and due care.

OFFICER'S STATEMENT:

ABP I agree with the above description I disagree with the above description

My reason is: _____

Officer's Signature

Star #

Date

ACTION TAKEN		DATE	SUPERVISOR NAME & STAR
	Verbal Warning		
X	Written Warning	07/07/17	NICHOLAS RICE #202
	Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

A second Classification 2a violation within the next 24 months will result in a 2 day suspension without pay.

I have read and understand this warning;

ABP #16
Officer's Signature / Star#

07/14/17
Date

Supervisor Issuing Warning:

N. Rice #202
Supervisor's Signature / Star #

07/14/17
Date

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	PEDV	TRFD	TRPC	WEAT	DRVA	VIS	VEHD.	LGH	COLL	MANV	PPA	PPL	*P0113*		*U140431175*					
U1	U2	U1	U1	U2	U1	U2	U1	U2	U1	U2	99	99	9							
INVESTIGATING AGENCY NORRIDGE						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			\$500 OR LESS \$501 - \$1,500 OVER \$1,500			TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED			No Injury / Drive Away Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. 17 07207		TRFW 13
ADDRESS NO. 4348		HIGHWAY or STREET NAME N. OTTAWA				City NORRIDGE		Township COOK		INTERSECTION RELATED Y N		DATE OF CRASH 06/28/17 mo day yr		TIME 5:41	LARS CODE	VEHT U1				
(CIRCLE) FT / MI N E S W		(CIRCLE) PRIVATE PROPERTY				COUNTY COOK		PRIVATE PROPERTY N		DOORING WITH PEDALCYCLIST? Y N		NUMBER MOTOR VEHICLES INVLD IN		LARS CODE	U2					
AT INTERSECTION WITH (NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN Y N													NO. LANES 0					
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV DATE OF BIRTH BECKMAN, ANTHONY (LAST, FIRST, MI)						MAKE FORD		MODEL CROWN VICTORIA		YEAR 11		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT 8 1 2	Y N TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH	10				
STREET ADDRESS 4090 N. OLcott						SEX M	SAFT 2	AIR 4	PLATE NO. MP7111	STATE IL	YEAR -	POINT OF FIRST CONTACT 03	REAR 6 5 4	ALGN I						
CITY NORRIDGE STATE IL ZIP 60706						INJURY 0	EJECT 1	VIN 2FABP7BV3BX104434		INSURANCE CO. VILLAGE OF NORRIDGE		RSUR 1								
TELEPHONE 708 453 4770						DRIVER LICENSE NO. IL D	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE OF NORRIDGE		TELEPHONE 708 453-0800	POLICY NO. BGA3005405	VEHU 6							
TAKEN TO						EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		INSURANCE CO.										
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV DATE OF BIRTH (LAST, FIRST, MI)						MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT 8 1 2	Y N TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH	10				
STREET ADDRESS						SEX M	SAFT 2	AIR 4	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 03	REAR 6 5 4	RDEF I						
CITY NORRIDGE STATE IL ZIP 60706						INJURY 0	EJECT 1	VIN		INSURANCE CO.				BAC 9.7						
TELEPHONE						DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.									
TAKEN TO						EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	POLICY NO.									
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)				(HOSP)	(FMS)			# OCCS 1				
		/ /														U1				
		/ /														U2				
		/ /														DIRP I				
		/ /														U1				
		/ /														U2				
UNIT	(EVNO)	(MOS)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME				DAMAGED PROPERTY				CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y				
1	1	11	1		PROPERTY OWNER ADDRESS				CITY		STATE		ZIP	PRIMARY 18						
1	2				ARREST NAME				SECTION		CITATION NO.		SECONDARY							
1	3				ARREST NAME				SECTION		CITATION NO.									
UNIT	1				ARREST NAME				SECTION		CITATION NO.									
2	2				ARREST NAME				SECTION		CITATION NO.									
2	3				OFFICER ID. 108	SIGNATURE 	BEAT / DIST.		SUPERVISOR ID. Cmdr. Wauhsh #403		COURT DATE mo / day / yr		COURT TIME 5:41	AM PM	IF YES CHECK ONE BELOW: CONSTRUCTION MAINTENANCE UTILITY UNKNOWN WORK ZONE TYPE					
2															WORKERS PRESENT? <input type="checkbox"/> Y					

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS.

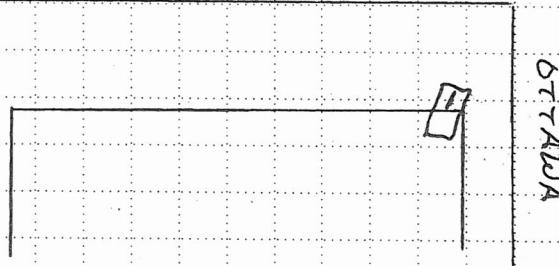
U140431175

A Diagram and Narrative are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.



INDICATE NORTH
BY ARROW

MONTROSE



NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS N/B EXITING A GARAGE AT 4348 N. OTTAWA. REAR PASSENGER SIDE DOOR OF UNIT 1 STRUCK THE GARAGE CAUSING SCRATCHES TO UNIT 1. GARAGE SUFFERED NO DAMAGE.

LOCAL USE ONLY

U1 Color	BLK	U2 Color
U1 Towed by / to	N/A	

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION

CARGO BODY TYPE _____ LOAD TYPE _____